

QUERY CONTROL FORM		RTIS USE ONLY	
Application No. <u>09919803</u>	Prepared by <u>CA</u>	Tracking Number <u>06003307</u>	
Examiner-GAU <u>Loleng - 1734</u>	Date _____	Week-Date <u>08-03-04</u>	
	No. of queries <u>1</u>	<u>IFM</u>	

JACKET			
a. Serial No.	f. Foreign Priority	k. Print Claim(s)	p. PTO-1449
b. Applicant(s)	g. Disclaimer	l. Print Fig.	q. PTOL-85b
c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	t. Other

SPECIFICATION a. Page Missing b. Text Continuity c. Holes through Data d. Other Missing Text e. Illegible Text f. Duplicate Text g. Brief Description h. Sequence Listing i. Appendix j. Amendments k. Other	MESSAGE Improper Dependency - Original Claims 22, 23 and 24 depend upon cancelled Claim 20. <p style="text-align: right;">Please Reexamine</p>
CLAIMS a. Claim(s) Missing <input checked="" type="checkbox"/> b. Improper Dependency c. Duplicate Numbers d. Incorrect Numbering e. Index Disagrees f. Punctuation g. Amendments h. Bracketing i. Missing Text j. Duplicate Text k. Other	<p style="text-align: right;">Thank You</p> <p style="text-align: right;">initials CA</p> RESPONSE Supplemental NoA issued. <p style="text-align: center;">Thanks,</p> <p style="text-align: right;">initials [Signature]</p>